

## BAD CHECK REFERRAL FORM

Please attach the original bad check(s) to this form and deliver the form with the check(s) to the Prosecutor's Office.

Check(s) payable to: \_\_\_\_\_

Check writer: \_\_\_\_\_

Your address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Check was received Yes No  
in Boone County?

Date of birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

By whom \_\_\_\_\_

Driver's license: \_\_\_\_\_

How was it received? Mail In Person

Phone: \_\_\_\_\_

Did they observe the  
Check being signed? Yes No

Bank: \_\_\_\_\_

Notice has been sent  
to the check writer? Yes No

Photo ID recorded Yes No

Describe your attempts to contact the check writer and your results (please attach any letters, telephone records etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Check returned because:

NSF

Account Closed

No account

Was the check post-dated?

Yes

No

Did you hold the check for an extended period of time?

Yes

No

Have any partial payments been made on the check?

Yes

No

Are you pursuing the matter with a collection agency?

Yes

No

Attached are \_\_\_\_\_ checks. (Please list date written, check number and amount below).

1.	Date _____	Check No. _____	Amount _____
2.	Date _____	Check No. _____	Amount _____
3.	Date _____	Check No. _____	Amount _____
4.	Date _____	Check No. _____	Amount _____
5.	Date _____	Check No. _____	Amount _____
6.	Date _____	Check No. _____	Amount _____

Print Name \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

W:\Office\Check Deception Program\Bad Checks\Bad Check Referral Form

**REMINDER: Attach Checks Listed Above to this Form.**